

2018 EMPLOYEE BENEFITS GUIDE



SANDY SPRINGS™

GEORGIA

WELCOME



SANDY SPRINGS

CITY MANAGER'S OFFICE

Dear City of Sandy Springs employees:

Our success is only possible with the dedication and skills of a winning team. I would like to thank everyone for their ongoing commitment and hard work on behalf of the City of Sandy Springs. In an effort to support our employees and their eligible dependents, we are resolved to providing a comprehensive benefits package. Our programs include a significant City investment that provides for medical, dental, life, voluntary life, disability and vision insurance.

For the new plan year, beginning in 2018, I am pleased to report that the City will maintain all of the current insurance programs without any cost increases to employees or their eligible dependents. Given the ever-increasing costs of medical insurance, I am especially glad to announce this result. These overall results underscore that all of us are doing our part to use our plans wisely and that we are attempting to live healthy lifestyles. As you know, we are all in this together and I'm grateful that everyone is working to control this important part of the City's budget. For 2018, we will maintain our investment in the free preventive generic drug feature for the HSA plan. This plan attribute has worked well for HSA plan members giving them access to maintenance drugs at affordable prices. This outcome is good for both the member and for the City. In addition to free preventive generic drugs, all other plan features of the HSA and POS plans will be maintained for the new plan year.

As always, if you are in need of assistance with selecting your benefit choices for 2018, please do not hesitate to contact our Human Resources Department at (770) 206-1461 or (770) 206-1466. Also, we partner with Ascension to help us design and service our plans. Please call them at (678) 740-0223 or (678) 740-0247 if you need additional help and assistance. The contact information for all of our benefit plan partners can be found on the back of this benefit booklet.

I remain a firm believer that leading a healthy lifestyle will enable you to live a longer, happier and more fulfilling life. Along with our carrier partners, we are committed to providing you with the tools to get the most benefit out of our plans. By giving you more control over how your healthcare dollars are spent and by offering you incentives for taking smart steps toward a healthier lifestyle, you can help us control health care costs. Please closely review this booklet to determine which plans are right for you. Understanding your benefit choices and how they operate is the best way to make sure you will receive the full value of our benefit programs.

Best Regards,

John McDonough
City Manager

7840 Roswell Road, Building 500, Sandy Springs, Georgia 30350 • 770-730-5600 • SandySpringsGA.gov

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BENEFIT COSTS



Benefit Costs (per pay period)

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical (POS)	\$72.25*	\$156.31**	\$141.42**	\$223.30**
Medical (HSA)	\$22.62*	\$47.51**	\$42.99**	\$67.87**
Dental (High)	\$7.35	\$14.64	\$16.52	\$25.38
Dental (Low)	\$5.90	\$11.71	\$13.20	\$20.30
Vision	\$2.64	\$6.74	\$6.74	\$6.74
Base Life Insurance and AD&D	Free	N/A	N/A	N/A
Disability	Free	N/A	N/A	N/A

* Employees who use tobacco pay an additional \$37.50 per pay period above the rates in the chart.

** Employees will pay an additional \$60 per pay period if they or their dependents use tobacco.

Employee Assistance Program

WE NOW OFFER TWO GREAT SERVICE PROVIDERS TO ASSIST YOU!!

One Source Counseling and Employee Assistance Program (EAP) offers support, guidance and resources that can help you resolve personal issues and meet life's challenges. This service is provided at no additional cost to you by the City of Sandy Springs.

The EAP can help you with:

- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress/anxiety with work or family
- Depression
- Personal achievement
- Emotional well-being
- Grief and loss
- Critical Incident Stress Management

The program is available 24 hours a day, every day, to you and members of your household. You'll receive up to six confidential face-to-face counseling sessions per issue.

Call OneSource 24/7/365 at 770-683-1327

Employees may also continue to utilize the services provided through **Bensinger, DuPont & Associates (BDA) Health Employee Assistance Program (EAP)** which offers support, guidance (three visits) and Work/Life Services and referrals for important issues such as:

- Child care and elder care
- School Finder
- Rx Drug Savings
- Adoption
- Pet finder & Pet Sitter
- Daily living
- Travel
- Online Wills & Legal forms
- Corporate Discount programs

BDA EAP is always ready to assist you.

Confidential Advice

Your calls and all counseling services are completely confidential. Bensinger, DuPont & Associates EAP is always ready to assist you 24 hours a day, 365 days a year.

Call 888.293.6948 or visit www.eapbda.com.

Login ID: standard

Password: eap4u

BENEFIT ELIGIBILITY AND CHANGES

The City of Sandy Springs provides a comprehensive employee benefit program to all full-time employees. Employees are eligible for coverage on the first day of the month following their date of hire.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

You can enroll the following dependents in our group benefits plan:

- Your legal spouse
- Children under age 26
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided).



Many employees have other dependents living with them who are not eligible for our benefit plan.

Dependents NOT eligible to be added to your benefit plans:

- Grandchildren, nieces, nephews or other children that do not meet specifications listed to the left
- Common law spouses or domestic partners (same or opposite sex)
- Ex-spouses
- Parents, step-parents, grandparents, aunts, uncles, or other relatives that are not qualified legal dependents (even if they live in your house)

Benefit deductions are withheld from your paycheck on a pre-tax basis and your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying Life Status Change.



Open Enrollment generally occurs in November with plan changes effective each plan year from January 1 through December 31 of the following year.

To make benefit changes as a result of your Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your life status event, and
- Complete and submit your enrollment form.



The Most Common Life Status Changes

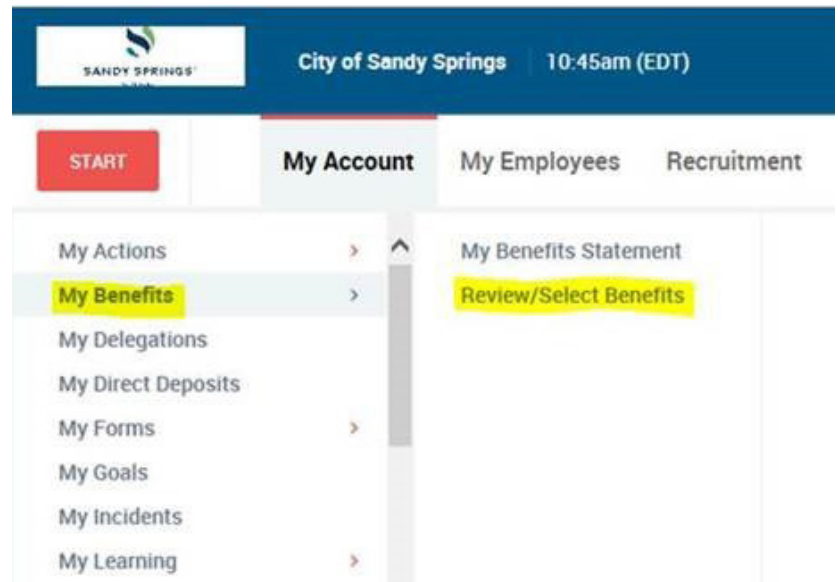
- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order

BENEFIT ENROLLMENT

Log in to PayMatrix as you normally do. PayMatrix is the same system that you use to view pay stubs, request time off, view timesheets, etc.



To begin benefit enrollment, go to My Account --> My Benefits --> Review/Select Benefits



To start an Open Enrollment session, select “Start Open Enrollment” at the top of the screen.

START OPEN ENROLLMENT

If you are Enrolling in the HSA Medical Plan for the First Time, the Following HSA Bank Process Will Take Place:

- Employee enrolls in the HSA medical plan during their employer’s open enrollment.
- Cigna receives the medical eligibility information and sends it electronically to The HSA Bank.
- Cigna sends out the debit card to the customer.
- Then HSA Bank automatically opens the accounts and sends out the welcome kit and checks to the customer.
- HSA Bank may reach out to you, via mail, for additional information required to open your account. Please respond promptly, to avoid a delay in opening your account, by calling 800-357-6246. A copy of your driver’s license or SSN card may be required.
- Employee signs and returns the signature card to HSA Bank to accept the banking terms and conditions.

MEDICAL BENEFITS



The City of Sandy Springs offers two health plan options through Cigna, our Point of Service (POS) option and our High-Deductible Plan with a Health Savings Account (HSA).

POS Plan

The POS option works like a traditional health plan. Employees pay a \$40 copay for in-network visits to their Primary Care Physician and a \$80 copay to see an in-network specialist. Certain other services are covered at 90% after the deductible is reached. Out-of-network services are subject to a higher deductible, cost more, and you may have to file your benefit claims yourself or pay for services and wait for reimbursement from Cigna.



HSA Plan

The HSA option is a high-deductible health insurance plan ideal for employees who:

- Prefer to pay lower premiums
- Want to save money for future health care expenses and post-retirement medical costs
- Like to control how their money is spent
- Want all covered medical expenses to apply towards the deductible

HSA Focus on Wellness

	Plan Members Cost
Annual Physical	Free
Well Child Care	Free
Immunizations	Free
Mammograms/Pap/Prostate	Free
<i>*Contact Cigna for specific guidelines on preventive care</i>	

HSA plan participants have the added benefit of a HSA funded by the City. The City contributes between \$750 and \$2,000 to the HSA to be applied to qualifying medical expenses. Employees have the option of making additional pre-tax contributions to their HSA to use now or as savings towards future medical expenses.

MEDICAL BENEFITS

Money in your HSA is YOURS

Money left in your HSA rolls over each year and accumulates interest to help you save for future medical expenses. Your HSA fund is portable should you terminate employment with the City or choose to move to a traditional plan in the future. Employees age 55 and older can contribute an additional \$1000 per year. This can be made any time during the year in which the HSA participant turns 55.

City Contributions to Employee Health Savings Accounts

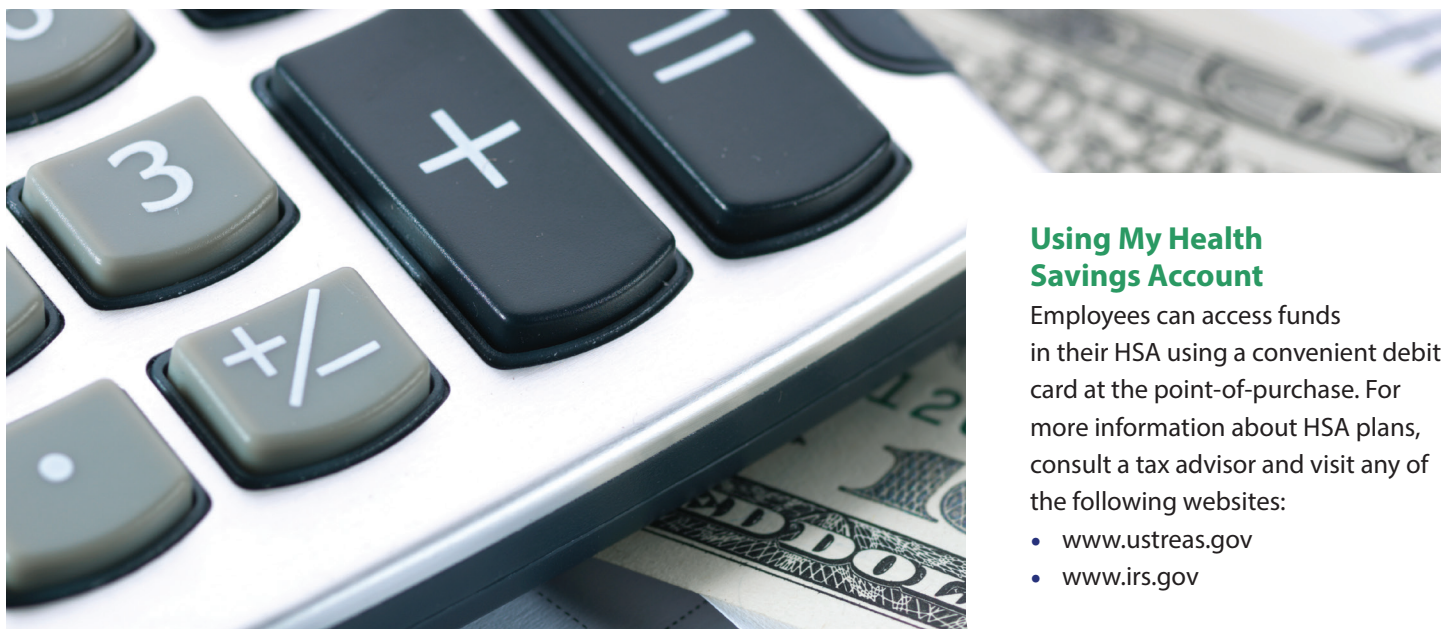
The City makes prorated contributions to employees' Health Savings Accounts each pay period to help pay for qualified medical expenses that apply towards the plan deductible.



City Contribution to Your HSA

Employee Only	\$750
Employee + Spouse or Child(ren)	\$1,750
Family	\$2,000

	Combined Contribution Limit	City's Contribution	Employee's Maximum Contribution
Employee Only	\$3,450	\$750	\$2,700
Employee + Spouse or Child(ren)	\$6,900	\$1,750	\$5,150
Family	\$6,900	\$2,000	\$4,900



Using My Health Savings Account

Employees can access funds in their HSA using a convenient debit card at the point-of-purchase. For more information about HSA plans, consult a tax advisor and visit any of the following websites:

- www.ustreas.gov
- www.irs.gov

HSA FREQUENTLY ASKED QUESTIONS

What will I receive once I have made my election?

Your debit card and your Cigna ID card will each be mailed to your home separately. If you are new to the HSA, HSA Bank will send a welcome kit to your home 7-10 business days after notification of your enrollment.

How do I make deposits to my account?

Deposits to your HSA can be made through pre-tax payroll deductions or as an initial lump sum deposit at enrollment. You can change your payroll deductions for the HSA during the year. You can also make post-tax contributions and deduct them from your income when you file your taxes. Combined employee/employer contributions cannot exceed \$3,450 for individuals or \$6,900 for families. Anyone over age 55 can add an additional \$1,000 for catch-up contributions.

Who verifies that my HSA was used for qualified expenses?

Save your receipts — in the event of an IRS audit, you are responsible for providing documentation to the IRS.

Can I have an HSA and an FSA?

Yes, we offer a limited purpose medical flexible spending account that covers qualified expenses such as dental, vision, and certain other medical expenses not covered by the HSA plan.

Do doctors require payment at the time of service?

Most network physicians will bill Cigna first and then bill you for your adjusted costs.



What happens to my HSA if I never withdraw funds, change jobs, or retire?

Funds in your HSA are yours, even if you change employers or retire. The less that you spend on current medical expenses, the more that stays in your account accumulating interest. Under IRS guidelines, HSAs are treated like IRAs. HSA funds are never taxed or penalized if they are used for qualified medical expenses. Funds can be withdrawn for any reason, without penalty once you reach age 65.

What expenses are counted towards my deductible?

Only medical expenses covered by your medical plan apply towards your deductible. However, HSA funds used for qualified medical expenses not covered under your medical plan (for example, orthodontia) will not count towards your health plan deductible.

Can I pay for services that cost more than my HSA balance?

No, your HSA balance must be sufficient to cover the expense before funds are withdrawn, or you must wait until you have enough money in the account and then submit the expense for reimbursement.



POS PLAN HIGHLIGHTS

	POS IN-NETWORK	POS OUT-OF-NETWORK
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
Out-of-Pocket Maximum (Includes Deductible and Copays)	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
Doctor Office Charges		
• Primary Care	\$40 Copay	70% After Deductible
• Specialist	\$80 Copay	70% After Deductible
• Telehealth Connection	\$40 Copay	Not Covered
Maternity		
• Office Visits	\$40 / \$80 Copay (first visit only)	60% After Deductible
• Hospital Delivery Charges	90% After Deductible	60% After Deductible
Preventive		
• Annual Physical (Adult)	Covered at 100%	70% After Deductible
• Well Child Care	Covered at 100%	70% No Deductible
Inpatient Hospital	90% After Deductible	60% After Deductible
Outpatient Hospital	90% After Deductible	60% After Deductible
Advanced Imaging	100% After Office Visit Copay	60% After Deductible
Emergency Room (waived if admitted)	90% After Deductible	90% After Deductible
Urgent Care	90% After Deductible	90% After Deductible
Mental, Nervous, and Substance Abuse		
• Inpatient	90% After Deductible	60% After Deductible
• Outpatient	\$40 Copay	70% After Deductible
Physical Therapy		
• Chiropractic (25 visits/year)	\$40 Copay	70% After Deductible
• Physical Therapy (30 visits/year)	\$40 Copay	70% After Deductible
• Occupational, Hearing, Speech (20 visits/year)	\$40 Copay	70% After Deductible
Durable Medical Equipment	90% After Deductible	60% After Deductible
Home Health Care (60 visits/year)	90% After Deductible	60% After Deductible
Prescription Drug		
• Retail	30 day supply \$10 / \$50 / \$70 90 day supply \$30 / \$150 / \$210	Same as in-network coverage
• Mail Order (90-day supply)	2.5 x Copay	Same as in-network coverage



HSA PLAN HIGHLIGHTS

	HSA IN-NETWORK	HSA OUT-OF-NETWORK
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$2,500 Individual \$5,000 Family	\$7,500 Individual \$15,000 Family
Out-of-Pocket Maximum (Includes Deductible and Copays)	\$3,500 Individual \$6,550 Family	\$15,000 Individual \$19,650 Family
Doctor Office Charges		
• Primary Care	90% After Deductible	70% After Deductible
• Specialist	90% After Deductible	70% After Deductible
• Telehealth Connection	90% After Deductible	Not Covered
Maternity		
• Office Visits	90% After Deductible	70% After Deductible
• Hospital Delivery Charges	90% After Deductible	70% After Deductible
Preventive		
• Annual Physical (Adult)	100% No Deductible	70% After Deductible
• Well Child Care	100% No Deductible	70% No Deductible
Inpatient Hospital	90% After Deductible	70% After Deductible
Outpatient Hospital	90% After Deductible	70% After Deductible
Advanced Imaging	90% After Deductible	70% After Deductible
Emergency Room (waived if admitted)	90% After Deductible	90% After Deductible
Urgent Care	90% After Deductible	90% After Deductible
Mental, Nervous, and Substance Abuse		
• Inpatient	90% After Deductible	70% After Deductible
• Outpatient	90% After Deductible	70% After Deductible
Physical Therapy		
• Chiropractic (25 visits/year)	90% After Deductible	70% After Deductible
• Physical Therapy (30 visits/year)	90% After Deductible	70% After Deductible
• Occupational, Hearing, Speech (20 visits/year)	90% After Deductible	70% After Deductible
Durable Medical Equipment	90% After Deductible	70% After Deductible
Home Health Care (60 visits/year)	90% After Deductible	70% After Deductible
Prescription Drug		
Retail (Select Preventive Generics at No Cost Prior to Deductible)	Subject to Deductible 30 day supply \$10 / \$50 / \$70 90 day supply \$30 / \$150 / \$210	Same as in-network coverage
Mail Order (90-day supply)	2.5x Copay	Same as in-network coverage



CIGNA MEMBER BENEFITS

Now, finding quality health care has nothing to do with chance and everything to do with the easy-to-use tools at mycigna.com. Finding the right doctor and evaluating treatment options has never been easier.

At no additional cost, Cigna members have ongoing access to quality, efficiency and cost information on in-network physicians and hospitals network through the Cigna Web site, mycigna.com, and through one-on-one conversations with trained customer care professionals, clinicians and health coaches.

mycigna.com

myCigna.com is completely personalized, so it's easy to quickly find useful information.

Connect with better health. Here's how:

Health and wellness

- My health assessment. In just twenty minutes, this confidential, online questionnaire will give you a better understanding of your health today and teach you simple steps for improving your health in the future.
- Condition and wellness resources. Using our interactive medical library, find information on health conditions, first aid, medical exams, wellness and more.



Cost estimates and quality of care ratings

- Find a doctor. Personalized search results make it easy to find the right doctor for you. Search by name, specialty, procedure, location and other criteria.
- Estimate medical costs. Review estimated costs for specific, in-network procedures, treatments and facilities so there aren't any surprises.
- Compare hospitals and doctors. See how they compare by cost, patient outcomes and more.
- Quality of care. Quality distinctions and cost-efficiency ratings for doctors appear with every search result, with quality-designated doctors appearing at the top of your list.
- Prescription drug price quote tool. Compare prices between Cigna Home Delivery PharmacySM and our network of retail pharmacies to help ensure you're getting the best price possible.
- Manage and track claims. Quickly search and sort claims, as well as track account balances, like deductibles and out-of-pocket maximums.

Prescription services

- Manage your Cigna Home Delivery Pharmacy prescription orders. You can easily place a new order, track shipments and view how many refills you have left on your prescription.
- View your pharmacy claim history, plan details and account balances.

CIGNA MEMBER BENEFITS

MotivateMe is an easy and fun program includes a wide variety of health goals including:



Weight loss



Healthy eating



Increasing exercise



Controlling stress

Quitting tobacco

MotivateMe can help improve the health and productivity of Employees and Spouses who are enrolled in either the POS & HSA plans and allow you to be eligible for the following rewards when you schedule your annual Preventive Care exam with your PCP or OB/GYN, plus by completing the Online Health Assessment:

Preventive exam or OB/GYN exam Reward = \$75

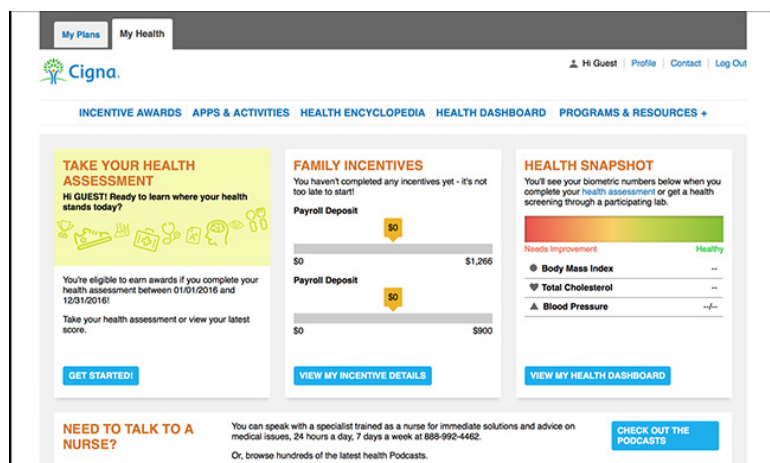
Online Health Assessment Reward = \$25

Rewards will be in the form of a Gift Card. Cards will be ordered and supplied from Hallmark from a variety of vendors including:

Amazon
AMC Theaters
Barnes and Noble
Chili's

CVS
Longhorn
Outback
Whole Foods

Mycigna.com



Mycigna app



Cigna MotivateMe is easy to install, communicate and track engagement.

Simple administration means all information on rewards and progress is:

- Available on the MotivateMe section of myCigna.com
- No tracking required. We have it covered.

Online health assessment and coaching programs are a quick step forward in reaching healthier goals.

- An easy, interactive online assessment provides personalized results.
- A series of online programs about losing weight, eating better, and quitting tobacco can be accessed at times and locations convenient for your employees.

CIGNA MEMBER BENEFITS

CIGNA and the City of Sandy Springs are focused on helping you obtain high quality health care, improve your health, and be more productive.

MyCIGNA.com is a personalized website that allows you to:

- Learn more about your plan and the coverage and programs available
- View claim history and account transactions
- Print claim forms
- Find information and estimate costs for medical procedures and treatments
- Learn how hospitals rank by number of procedures performed, patients' average length of stay and cost
- Manage and track your health care finances with the user-friendly Quicken HealthSM Expense Tracker

To ensure your privacy and the security of your information you will need to set up a secure log on and password. Protection of your health information is carefully planned and tested. Only authorized employees can view and change data, as required by applicable state and federal laws.



Emergency and Urgent Care

When you need care, you're covered, 24 hours a day, 7 days a week, worldwide. CIGNA customer service representatives are available to take your calls, and you can also speak with a health care professional over the phone, any time, day or night just by calling the number on the back of your ID card.

MyCIGNA's Health Record

Health Record stores and maintains personal health information in a central, secure location.

Within the tool, members can select current conditions, medications, allergies, surgeries, immunizations, and input their personal information. This information is readily available in one secure location, making it easy to find the health information you need, when you need it.

Use Health Record with the Prescription Drug History tool. Prescription Drug History allows members to view both retail and CIGNA Tel-Drug prescription claim history for up to 16 months. By clearly organizing this data, you can easily share important information with your doctors and keep it for your records.



CIGNA MEMBER BENEFITS

Cigna Telehealth Connection

How Medical Telehealth Works:

Cigna Telehealth Connection lets you get the care you need, including most prescriptions, for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- fever
- rash
- headache
- cold and flu
- acne
- stomachache
- allergies
- UTIs and more

The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Register with the Vendor (AmericanWell or MDlive) at myCigna.com

Advanced registration allows services to be available you need them.

Telehealth By Phone:

Step 1: Call Toll-Free

Patients call toll-free hotline available 24/7/365 including holidays. American Well at 1.855.667.9722 or MDlive at 1.888.726.3171

Step 2: Speak with a Coordinator

A consultation coordinator locates the next available doctor and prepares patients for the consultation.

Step 3: Speak with a Doctor

Once an available doctor is located, the system automatically calls and connects the doctor to the patient.

Telehealth By Video Conference:

Step 1: Visit the Website

Patients visit the American Well or the MDlive website or can download the mobile apps and then log in with user name and password.

Step 2: Find a Doctor

The system helps the patients search for a doctor by criteria, such as specialty, language, gender, location, or simply finds the next available doctor.

Step 3: See the Doctor Online

Once an available doctor is located, the system automatically calls and connects the doctor to the patient.



PREVENTIVE CARE SERVICES

What is a preventive care service?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other preventive care services like mammograms can help detect an illness when there aren't any symptoms. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

SERVICE	GENDER, AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months Additional visit at 2-4 days for infants discharged less than 48 hours after delivery Ages 3 to 21 once a year Ages 22 and older periodic visits, as doctor advises
Breast Cancer Screening (mammogram)	Women ages 40 and older, every 1 - 2 years
Cervical Cancer Screening (pap test) HPV DNA Test with pap test	Women ages 21 - 65, every 3 years Women ages 30 - 65, every 5 years
Cholesterol/Lipid Disorders Screening	Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes) All men ages 35 and older, or ages 20-35 if risk factors All women ages 45 and older, or ages 20-45 if risk factors
Colon Cancer Screening	The following tests will be covered for colorectal cancer screening, ages 50 and older: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification
Diabetes Screening	Adults with sustained blood pressure greater than 135/80
Osteoporosis Screening	Age 65 or older (or under 65 for women at risk). Computed tomographic bone density study requires precertification
Prostate Cancer Screening (PSA)	Men ages 50 and older or age 40 with risk factors
Sexually Transmitted Infections (STI) Screening	All sexually active adolescents. All adults at risk
Skin Cancer Prevention - counseling to minimize exposure to ultraviolet radiation	All genders ages 10 - 24
Tobacco Use/Cessation Interventions	All Adults; Pregnant Women

TOBACCO-FREE INCENTIVE

You Pay for Using Tobacco

Tobacco users pay for their addiction both in the amount of money they spend on tobacco products and by having a lower quality of life because they have more health risks and health problems than non-tobacco users. A tobacco user spends on average \$2,500 a year on tobacco alone and incurs higher health care costs over their lifetime. Living tobacco free can help you save thousands of dollars, improve your energy level, and your quality of life.

Non-Tobacco Users Pay Less



City of Sandy Springs rewards employees who don't use tobacco products with lower health insurance premiums.

Employees and their covered dependents who are tobacco free will pay \$37.50-\$60 less per pay period for their health insurance than employees who use tobacco, or who have covered dependents who use tobacco. If you or your covered dependents are users and quit, you can pay less too! In order to qualify for the \$37.50-\$60 discount, you will need to complete and sign a tobacco use affidavit.

HEALTH BENEFITS OF QUITTING

Within 20 minutes:

- Your blood pressure and pulse rate drop to normal.

Within 24 hours:

- Your risk of a sudden heart attack goes down.

Within 2 weeks to 3 months:

- Your circulation improves. Walking becomes easier. Your lungs work better. Wounds heal more quickly.

Within 1 to 9 months:

- You have more energy. Your coughing, nasal congestion, fatigue, and shortness of breath improve.

Within 1 year:

- Your risk of coronary heart disease is half that of someone still using tobacco.

Within 5 years:

- Your chances of developing lung cancer drop by nearly 50% compared to people who smoke one pack a day. Your risk of mouth cancer is half that of a tobacco user.

Within 10 years:

- Your risks of cancer goes down. Your risk of stroke and lung cancer are now similar to that of someone who never smoked.



RESOURCE LIST

Your Physician

Georgia Tobacco Quitline
1.877.270.STOP

St. Joseph's Hospital
Knock Out Nicotine
678.843.7633

American Cancer Society
404.315.1123
www.cancer.org

American Lung Association
Atlanta
770.434.5864
www.lungusa.org

CDC-Tobacco Information
and Prevention Source (TIPS)
www.cdc.gov/tobacco

Kill the Can
www.killthecan.org

National Cancer Institute
www.cancer.gov
1.877.44U.QUIT

Smoke Free Support
www.smokefree.gov
1.800.QUITNOW

Finding the Right Tobacco Cessation Program

Studies show that tobacco cessation treatment programs through a facility or physician that also include therapy and social support, are usually most effective for long-term success than other alternatives. The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care physician, that person is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications, and provide a reference as well.

DENTAL

We offer two dental plan options through Cigna, the Low Plan and the High Plan.

BENEFITS	Low Option	High Option
Deductible		
Individual	\$50 Calendar Year	\$50 Calendar Year
Family	\$150 Calendar Year	\$150 Calendar Year
Preventive - Cleanings, Oral Exams, X-Rays	100%, No Deductible	
Basic - Fillings, Endodontics, Periodontics	80%, After Deductible	
Major - Bridges, Inlays / Onlays, Crowns	50%, After Deductible	
Annual Maximum	\$1,500	
Annual Maximum Rollover	Not Included	
Orthodontia (Children Only)	50%, After Deductible	50%, After Deductible
Out of Network Reimbursement	MAC	90th Percentile
Dependent Age	to Age 26	to Age 26



The basic difference between these two plans is in how out-of-network claims are treated.

In both plans:

- **Preventive services**—cleanings and oral exams (every six months or 2 per calendar year) and x-rays, fluoride treatments, etc. are covered at 100 percent (no deductible).
- **Basic Services**—fillings, denture repairs, etc. are covered at 80 percent after deductible.
- **Major services**—bridges, dentures, porcelain crowns, etc. are covered at 50 percent after the deductible.
- The deductible is \$50 for employee coverage and \$150 for family coverage.
- The annual maximum is \$1,500 for Preventive, Basic, and Major services combined.

Low Plan

In-network dentists are paid a negotiated (discounted) fee, and you are responsible for the balance. **This plan is ideal for people who will only go to in-network dentists.**

High Plan

The Premium Plan pays the same as the Value plan in-network. Out-of-network, it pays at the 90th percentile of dentists in your area. Therefore, the plan will pay 100 percent, 80 percent, or 50 percent of the amount that 9 out of 10 dentists charge in the area the service was provided. **This plan is ideal for people who may use out-of-network dentists.**



VISION

Our vision coverage is provided through EyeMed. EyeMed offers in-network services for a low copay and provides an allowance for certain out-of-network services (see summary of vision benefits below). To find out more about EyeMed's in-network providers visit www.eyemed.com or call 1.866.939.3633.

	In-Network	Out-of-Network
Exam <i>(Once every 12 months)</i>	\$10 Copay	Up to \$30
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames <i>(Any available frame at provider location - Once every 24 months)</i>	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Lenticular	\$25 Copay	Up to \$60
Standard Progressive Lens**	\$90 Copay	Up to \$40
Premium Progressive Lens**	\$110-\$135 Copay	Up to \$40
Lens Options: <i>(Once every 12 months)</i>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$11
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective		N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses		
• Conventional	\$0 Copay; \$130 allowance, 15% off retail price over \$130	Up to \$104
• Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	Up to \$104
• Medically Necessary	\$0 Copay, Paid-in-Full	Up to \$210
Laser Vision Correction <i>(Lasik or PRK from U.S. Laser Network)</i>	15% off Retail Price or 5% off promotional price	N/A

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts

A FLEXIBLE SPENDING ACCOUNT (FSA) ALLOWS EMPLOYEES TO USE PRE-TAX MONEY FOR QUALIFIED EXPENSES.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10 – 30% by using pre-tax money in an FSA to pay for health or dependent care expenses incurred during the plan year. Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through weekly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service or by submitting a receipt after-the-fact.



Health Care FSA (HFSA) is used to pay for qualified medical, dental, and vision expenses incurred by you and your dependents during the plan year.

>>> See box to right for examples of eligible expenses.

Note:

- Annual maximum contribution is \$2,650
- Annual minimum contribution is \$250

Dependent Care FSA (DFSA) is used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

Note:

- Annual maximum contribution is \$5,000
- Annual minimum contribution is \$250

Eligible Dependent Care FSA Expenses:

- Care at licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day camps
- Nannies and Au Pairs

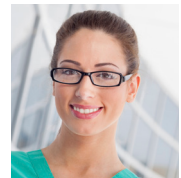
Ineligible Dependent Care Expenses:

- Services provided by a family member
- Overnight camp expenses
- Babysitting expenses for time when you are not working or at school
- Late payment fees
- Tuition expenses for school



Health Care FSA Eligible Expenses

- Medical plan copays and deductible
- Dental and orthodontia expenses
- Vision care expenses including Lasik, glasses, and contact lenses
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Massage therapy when deemed medically necessary
- Weight-loss programs
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery



Please refer to our plan document for a full list of eligible expenses and exclusions.

Limited Purpose FSA (LFSA) this option is for employees enrolled in the Health Savings Account Plan and is used for qualified dental and vision expenses not covered by your HSA.

Note:

- Annual maximum contribution is \$2,600
- Annual minimum contribution is \$250

DISABILITY, LIFE AND RETIREMENT

Disability insurance is a free benefit to City employees. It provides income protection in the event of an accident or illness that limits you from performing the material and substantial duties of your regular occupation due to an illness or injury and causes you to lose 20 percent or more of your earnings. To be eligible to receive payments, you must be under the regular care of a physician.

Short-Term Disability (STD)

STD benefits begin following a seven-day waiting period after a qualifying disability. You are eligible to be compensated for 60 percent of your pay up to \$2,500 per week for up to 90 days. Maternity is covered as any illness. For a normal delivery, employees receive a minimum of six weeks of disability compensation and for a C-section, eight weeks of disability.

Long-Term Disability (LTD)

LTD provides a benefit after 90 days of a qualifying disability. LTD coverage pays a benefit of 60 percent of your salary up to a maximum of \$10,000 per month and extends up to normal retirement age. Partial disability is also covered. Long term disability benefits are taxable to the employee.

LIFE & VOLUNTARY LIFE INSURANCE

Life Insurance

Employees are automatically enrolled at no cost in our base group life and AD&D insurance. Full-time employees are covered for four times earnings (up to a maximum of \$750,000) with additional benefits through the AD&D if applicable. Benefits for injuries in the line of duty provide the lesser of either \$50,000 or 100% of the amount of the AD&D Insurance Benefit otherwise payable for the loss.

Voluntary Life Insurance

The Voluntary Life Insurance program provides coverage above the amount paid for by the City. Employees can purchase \$10,000 increments up to a maximum of \$300,000, with a guarantee issue* amount of \$100,000. In addition, you can purchase \$10,000 increments up to a maximum of \$300,000 for your spouse, with a guarantee issue* amount of \$10,000 and \$10,000 for your child(ren).

Monthly Cost Per \$10,000 of Life Insurance

Age	Employee or Spouse	Age	Employee or Spouse
Under 30	\$.93	55-59	\$6.23
30-34	\$.94	60-64	\$9.41
35-39	\$1.30	65-69	\$15.99
40-44	\$1.87	70-74	\$28.42
45-49	\$2.98	75-79	\$107.76
50-54	\$4.69	Child Rate	\$0.40

* *Guarantee Issue is the amount of coverage new hires are guaranteed without answering any medical questions.*

Retirement Savings

Full-time City employees receive a contribution of 12 percent of their annual salary into a 401(a) from the City of Sandy Springs beginning the first of the month following one month of employment.

Retirement planning is one of the most important financial decisions we make. In addition to the City contributions to the 401(a), you can defer 1 up to 100 percent of your salary into the 457(b) plan. The City will match dollar-for-dollar the first 5 percent of the amount you defer into this plan. City contributions will be made to your 401(a). Deferrals may not exceed the maximum of \$18,500 for employees under the age of 50 and \$24,500 for those over age 50. Contributing to this plan lowers your annual taxable income, reducing your current income tax!



You are always fully vested in the contributions you make to your retirement savings plan. City contributions are vested after three months of employment.

NOTICES

Important Notice from City of Sandy Springs for *Medicare Eligible Participants* About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Sandy Springs and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Sandy Springs has determined that the prescription drug coverage offered by Cigna's Medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Sandy Springs coverage will not be affected. The Cigna POS OAP plan at City of Sandy Springs offers Tier 1 Drugs at \$10 Copay, Tier 2 Drugs at \$50, Tier 3 Drugs at \$70. The Cigna HDHP Medical plan at City of Sandy Springs offers Tier 1 Drugs at \$10 Copay after the deductible, Tier 2 Drugs at \$50 after the deductible, Tier 3 Drugs \$70 after the deductible. All prescriptions must be covered by Cigna's drug formulary. If you keep the City of Sandy Springs's coverage and enroll in Medicare Part D, both plans will coordinate coverage. The City of Sandy Springs plan will be primary.

If you do decide to join a Medicare drug plan and drop your current City of Sandy Springs coverage, be aware that you and your dependents will only be able to get this coverage back at open enrollment.

NOTICES

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Sandy Springs and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Sandy Springs changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 1, 2017

Name of Entity/Sender: Carol Sicard

Contact--Position/Office: Director of Human Resources / City of Sandy Springs

Address: 7840 Roswell Road, Bldg 500
Sandy Springs, GA 30350

Phone Number: 770.206.1466

NOTES

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IMPORTANT CONTACT INFORMATION

Medical Plans

- Cigna
www.mycigna.com
1.866.494.2111

Health Savings Account

- HSA Bank
www.hsabank.com
1.800.357.6246
(For lost or stolen debit cards call, 1.800.523.4175)

Dental Plans

- Cigna
www.mycigna.com
1.866.494.2111

Vision Care Plan

- EyeMed
www.eyemed.com
1.866.723.0513

Life and Disability Insurance

- Standard Life Insurance
www.standard.com
1.800.348.3226

Flexible Spending Account

- Medcom
www.mywealthcareonline.com/medcom
1.800.523.7542

Employee Assistance Program

- OneSource
<http://onlineonesource.com>
770.683.1327
- Standard
www.eapbda.com
1.888.293.6948

Retirement Savings Plan

- Mass Mutual
www.massmutual.com/retire
1.800.743.5274

Carol Sicard

City of Sandy Springs

Director of Human Resources
770.206.1466
csicard@sandyspringsga.gov

Tracy Minjauw

City of Sandy Springs

Human Resources Coordinator
Payroll & Benefits
770.206.1461
tminjauw@sandyspringsga.gov

Michelle Ford

Ascension Insurance

Senior Account Manager
678.740.0223
mford@ascensionins.com

Karen Bryant

Ascension Insurance

Claims Specialist
678.740.0247
kbryant@ascensionins.com

Todd Bryant

Ascension Insurance

President
678.740.0220
tbryant@ascensionins.com



This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions please contact the carrier or Ascension Insurance.